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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application

Inventor(s): Michieal L. Jones, Steven M. Jaffe,
Brian L. Olmsted
Appln. No.: 09/855,254
Confirm. No.: 8978
Filed: May 15, 2001
Title: WAVEGUIDE BASED LIGHT
SOURCE

PATENT APPLICATION

Art Unit: 2875
Examiner: Thomas M. Sember

Customer No. 23910

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited in the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 3, 2004.

(Attorney Signature)

Karl Kenna, Reg. No. 45,445

Signature Date: August 3, 2004

RESPONSE TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted with this communication in connection with the above-identified application are the following:

- ☒ A Response under 37 C.F.R. §1.111 to the Office Action dated May 3, 2004.
- ☒ Applicant(s) qualify for small entity status under 37 C.F.R. §1.27.

The fee associated with this communication has been calculated as shown below:

- ☒ No fee is required with this communication.
- ☒ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established.
- _____ A fee for extension of time for response under 37 C.F.R. §1.136 filed within _____ month(s) after the original time for response of \$_____ is due.
- _____ A fee of \$180.00 is due for the submission of the accompanying Information Disclosure Statement.
- _____ A fee for addition of claims under 37 C.F.R. §1.16 is due as follows:

FEES	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	Rate Small Entity/Other Than Small Entity	Total
TOTAL CLAIMS (37 CFR 1.16(c))	<u>19</u> * -	<u>22</u> **	_____	X \$ 9.00 X \$ 18.00	\$ 0.00
INDEPENDENT CLAIMS (37 CFR 1.16(b))	<u>3</u> * -	<u>3</u> ***	_____	X \$ 43.00 X \$ 86.00	\$ 0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$145.00 + \$290.00	\$ 0.00
				TOTAL	\$ 0.00

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number of Previously Paid For" in this space is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" in this space is less than 3, enter "3".

The total fee required with this communication is \$_____ and is to be paid as follows:

_____ Please charge Deposit Account No. 06-1325 in the amount of \$_____. A duplicate copy of this authorization is enclosed.


_____ A check in the amount of \$_____ is enclosed.

✓

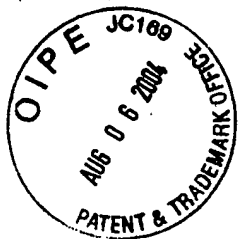
The Commissioner is hereby authorized to charge any deficiencies or credit overpayment to Deposit Account No. 06-1325. A duplicate copy of this authorization is enclosed.

Respectfully submitted,

Date: August 3, 2004

By: 
Karl Kenna
Reg. No. 45,445

Customer No. 23910
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In re Application

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RESPONSE UNDER 37 C.F.R. § 1.111

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This RESPONSE is in reply to the Office Action mailed May 3, 2004.

Amendments

Please amend the above-identified application as follows:

Amendment to the claims begin on Page 2.

Remarks begin on Page 5.